

| SENDER: COMPLETE THIS SECTION  |  | COMPLETE THIS SECTION ON DELIVERY  |  |
|--|--|--|--|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | A. Signature<br>x <i>Alonzo Austin</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee   |  |
| 1. Article Addressed to:<br><br>Alonzo Austin<br>1321 Oliver-Carlis Road<br>Tuskegee, AL 36083   |  | B. Received by (Printed Name) C. Date of Delivery<br><i>Alonzo Austin</i> <i>2-14-08</i>   |  |
| 2. Article Number<br>(Transfer from service label)   |  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No  |  |
| <i>07cv754 30 OSC</i>  |  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |  |
| 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes   |  |  |  |
| 2. Article Number<br>(Transfer from service label)   |  | 7007 1490 0000 0026 7326   |  |
| PS Form 3811, February 2004  |  | Domestic Return Receipt  |  |
|  |  | 102595-02-M-1540   |  |